

General

Title

Use of appropriate medications for people with asthma: percentage of patients 5 to 64 years of age during the measurement year who were identified as having persistent asthma and who were appropriately dispensed medication during the measurement year.

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2015 technical specifications for ACO measurement. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of patients 5 to 64 years of age during the measurement year who were identified as having persistent asthma and who were appropriately dispensed medication during the measurement year.

Note from the National Quality Measures Clearinghouse (NQMC): For this measure, there are both Electronic and Hybrid Specifications. This NQMC measure summary is based on the Electronic specification. Refer to the original measure documentation for details pertaining to the Hybrid specification.

Rationale

Asthma is the most common chronic childhood disease, affecting an estimated 5 million children. Overall, approximately 20 million people in the United States (U.S.) have asthma (National Institutes of Health [NIH] & National Heart, Lung and Blood Institute [NHLBI], 2003). Collectively, people with asthma have more than 100 million days of restricted activity and 5,000 deaths annually. Much of the death and

morbidity associated with asthma is avoidable. Successful management of asthma can be achieved for most asthmatics if they take medication that provide long-term control.

Asthma-related suffering, cost and death can be greatly reduced through effective treatment with long-term controller medications. In addition, patient education regarding medication use, symptom management and avoidance of asthma attack triggers can greatly reduce the impact of the disease.

This process measure evaluates whether members 5 to 64 years of age with persistent asthma are being prescribed medications acceptable as primary therapy for long-term asthma control. The list of acceptable medications is derived from the NHLBI's National Asthma Education Prevention Program (NAEPP) guidelines (NAEPP, 1997).

Evidence for Rationale

National Asthma Education and Prevention Program (NAEPP). NAEPP expert panel report 2: guidelines for the diagnosis and management of asthma. Bethesda (MD): U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Heart, Lung and Blood Institute; 1997 Jul. 146 p.

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

National Institutes of Health, National Heart, Lung and Blood Institute. Frequently asked questions-asthma statistics. [internet]. Bethesda (MD): U.S. Department of Health and Human Services; 2003.

Primary Health Components

Persistent asthma; asthma controller medications

Denominator Description

Patients age 5 to 64 years by December 31 of the measurement year who were identified as having persistent asthma (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Evidence of at least one asthma medication for a preferred therapy during the measurement year (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

All HEDIS measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process and approval by the National Committee for Quality Assurance's (NCQA) Committee on Performance Measurement and Board of Directors. Once NCQA establishes national benchmarks for accountable care organization (ACO) performance, all measures will undergo formal reliability testing of the performance measure score using beta-binomial statistical analysis. Where applicable, measures also are assessed for construct validity using the Pearson correlation test.

Evidence for Extent of Measure Testing

Rehm B. (Assistant Vice President, Performance Measurement, National Committee for Quality Assurance, Washington, DC). Personal communication. 2015 Apr 8. 1 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Accountable Care Organizations

Ambulatory/Office-based Care

Emergency Department

Hospital Inpatient

Hospital Outpatient

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Multisite Health Care or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Specified

Target Population Age

Age 5 to 64 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Living with Illness

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

The measurement year and the year prior to the measurement year

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Encounter

Institutionalization

Patient/Individual (Consumer) Characteristic

Therapeutic Intervention

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Patients age 5 to 64 years by December 31 of the measurement year who were identified as having persistent asthma

Note:

Identify patients as having persistent asthma who met at least one of the following criteria during *both* the measurement year and the year prior to the measurement year. Criteria need not be the same across both years.

At least one emergency department (ED) visit (ED Value Set) with a principal diagnosis of asthma (Asthma Value Set)

At least one acute inpatient encounter (Acute Inpatient Value Set) with a principal diagnosis of asthma (Asthma Value Set)

At least four outpatient asthma visits (Outpatient Value Set) or observation visits (Observation Value Set) on different dates of service with any diagnosis of asthma (Asthma Value Set) and at least two asthma medication dispensing events (refer to Table ASM-C in the original measure documentation for a list of asthma medications). Visit type need not be the same for the four visits.

At least four asthma medication dispensing events (refer to Table ASM-C in the original measure documentation for a list of asthma medications).

A patient identified as having persistent asthma because of at least four asthma medication dispensing events, where leukotriene modifiers or antibody inhibitors were the sole asthma medication dispensed in that year, must also have at least one diagnosis of asthma (Asthma Value Set) during the same year as the leukotriene modifier or antibody inhibitor.

Refer to the original measure documentation for steps to identify the eligible population.

Exclusions

Exclude patients who had any diagnosis from any of the following value sets, any time during the patient's history through December 31 of the measurement year:

Emphysema Value Set

Other Emphysema Value Set

Chronic Obstructive Pulmonary Disease (COPD) Value Set

Obstructive Chronic Bronchitis Value Set

Chronic Respiratory Conditions Due To Fumes/Vapors Value Set

Cystic Fibrosis Value Set

Acute Respiratory Failure Value Set

Value Set Information

Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the [NCQA Web site](#) to purchase *HEDIS 2015 Technical Specifications for ACO Measurement*, which includes the Value Set Directory.

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Evidence of at least one asthma medication for a preferred therapy during the measurement year (refer to table AASM-E in the original measure documentation for a list of asthma controller medications)

Note:

Oral Medication Event: One medication lasting 30 days or less. To calculate events for prescriptions longer than 30 days, divide the days supply by 30 and round down to convert.

Pharmacy Data: Dispensing events. Allocate the dispensing events to the appropriate year based on the date when the prescription is filled.

Prescription Data: Prescribing events. Allocate the prescribing events to the appropriate year based on prescription date and the days supply.

Multiple Medications on the Same Day: Assess multiple medications on the same day separately. If multiple prescriptions for the same medication are written on the same day, sum the days supply and divide by 30. Use the Drug ID in the NDC list to determine if the medications are the same or different.

Inhaler Dispensing Event: All inhalers (i.e., canisters) of the same medication dispensed or prescribed on the same day count as one dispensing event. Medications with different Drug IDs dispensed on the same day are counted as different dispensing events. Allocate the dispensing events to the appropriate year based on the date when the prescription was filled.

Injection Dispensing Event: Each injection counts as one dispensing event. Multiple dispensed or prescribed injections of the same or different medications count as separate dispensing events. Allocate the dispensing events to the appropriate year based on the date when the prescription was filled.

Refer to the original measure documentation for additional details.

Exclusions

Unspecified

Value Set Information

Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the [NCQA Web site](#) to purchase *HEDIS 2015 Technical Specifications for ACO Measurement*, which includes the Value Set Directory.

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Electronic health/medical record

Paper medical record

Pharmacy data

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Description of Allowance for Patient or Population Factors

The Accountable Care Organization (ACO) aggregate population is reported as a whole, with an option to report Medicaid separately for measures for which HEDIS Health Plan Measurement offers Medicaid specifications.

This measure includes four age stratifications (based on age as of December 31 of the measurement year) and a total rate:

- 5 to 11 years
- 12 to 18 years
- 19 to 50 years
- 51 to 64 years
- Total

The total is the sum of the four age stratifications.

Standard of Comparison

not defined yet

Identifying Information

Original Title

Use of appropriate medications for people with asthma (AASM).

Measure Collection Name

HEDIS 2015: Accountable Care Organization (ACO) Collection

Measure Set Name

Effectiveness of Care

Measure Subset Name

Respiratory Conditions

Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

Developer

National Committee for Quality Assurance - Health Care Accreditation Organization

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

Financial Disclosures/Other Potential Conflicts of Interest

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

Core Quality Measures

Accountable Care Organizations (ACOs), Patient Centered Medical Homes (PCMH), and Primary Care

Adaptation

This measure was adapted from the *HEDIS Technical Specifications for Health Plans* ("HEDIS Health Plan Measurement") and *HEDIS Physician Measurement*.

Date of Most Current Version in NQMC

2014 Nov

Measure Maintenance

Annual

Date of Next Anticipated Revision

Measure Status

This is the current release of the measure.

This measure updates a previous version: National Committee for Quality Assurance (NCQA). HEDIS 2013 Technical Specifications for ACO Measurement. Washington (DC): National Committee for Quality Assurance (NCQA); 2012. various p.

The measure developer reaffirmed the currency of this measure in November 2015.

Measure Availability

Source available for purchase from the [National Committee for Quality Measurement \(NCQA\) Web site](#)

.

For more information, contact NCQA at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org .

NQMC Status

This NQMC summary was completed by ECRI Institute on May 13, 2014.

This NQMC summary was updated by ECRI Institute on February 11, 2015.

The information was reaffirmed by the measure developer on November 2, 2015.

Copyright Statement

This NQMC summary is based on the original measure, which is subject to the measure developer's copyright restrictions.

Content adapted and reproduced with permission from the National Committee for Quality Assurance (NCQA). HEDIS® is a registered trademark of NCQA. HEDIS measures and specifications were developed by and are owned and copyrighted by NCQA. HEDIS measures and specifications are not clinical guidelines and do not establish a standard of medical care. NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures or specifications. Limited proprietary coding is contained in the measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. NCQA disclaims all liability for use or accuracy of any coding contained in the specifications.

Anyone desiring to use or reproduce the measure abstracts without modification for a non-commercial purpose may do so without obtaining any approval from NCQA. All commercial uses of the measure abstracts must be approved by NCQA and are subject to a license at the discretion of NCQA. To purchase copies of the full measures and specifications, which contain additional distribution and use restrictions, contact NCQA Customer Support at 888-275-7585 or visit www.ncqa.org/publications

.

Production

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2015 technical specifications for ACO measurement. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

Disclaimer

NQMC Disclaimer

The National Quality Measures Clearinghouse (NQMC) does not develop, produce, approve, or endorse the measures represented on this site.

All measures summarized by NQMC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public and private organizations, other government agencies, health care organizations or plans, individuals, and similar entities.

Measures represented on the NQMC Web site are submitted by measure developers, and are screened solely to determine that they meet the [NQMC Inclusion Criteria](#).

NQMC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or its reliability and/or validity of the quality measures and related materials represented on this site. Moreover, the views and opinions of developers or authors of measures represented on this site do not necessarily state or reflect those of NQMC, AHRQ, or its contractor, ECRI Institute, and inclusion or hosting of measures in NQMC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding measure content are directed to contact the measure developer.